

**DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF HEALTH CARE FINANCING
ADMINISTRATOR'S MEMO SERIES**

NOTICE: 03-11

DATE: January 20, 2004

DISPOSAL DATE: Ongoing

RE: Quality Assurance Plan
(QAP) and Customer Service
Standards

To: County Departments of Human Services Directors
County Departments of Social Services Directors
Tribal Chairpersons/Human Services Facilitators
Tribal Economic Support Directors

From: Mark B. Moody
Administrator
Division of Health Care Financing

Purpose

The purpose of this memo is to define the QAP and Customer Service requirements for calendar year 2004 that are based in the Income Maintenance (IM) contract. While the IM contract language has not changed, we are establishing more precise requirements for these quality measures, based on new analysis of the data from the reviews, field experience and input from IM agencies. We are also asking agencies to incorporate a "Customer Service" component into the QAP that will be broader than the current requirement for customer surveys.

Introduction

QUALITY ASSURANCE PLAN

Currently, each local IM Agency is required to establish and implement a QAP to detect and correct errors related to eligibility and benefit determination. Historically this plan has primarily focused on the administration of the Food Stamp Program. By state mandate this includes case review strategies and a second party review completed at the local level. Plans are submitted to the Regional Offices for departmental review and approval.

CUSTOMER SERVICE

Local agencies are also required to periodically obtain feedback from applicants and participants concerning their level of satisfaction with the services provided by the local agency. The agency can use a variety of methods to gather and assess the level of customer satisfaction. Documentation of customer service surveys must be available for review upon the state's request.

We have conducted a thorough review of these two areas during 2003 using the onsite Management Evaluation Reviews (MER) in one-third of the IM agencies, a focused review of data obtained in the QAP reviews, and the advice of the Quality Assurance Subcommittee of the Income Maintenance Advisory Committee. Following the state's 2003 MER site visits, the Department of Health and Family Services (DHFS) staff analyzed the QAP process, specifically the manner in which agencies incorporated it into program administration. It was determined that additional clarification was needed to ensure that the QAP process is as meaningful and flexible as possible for local IM agencies and for the Department, and that it is focused on the most error prone areas of the Food Stamp and Medicaid programs.

REVISED REQUIREMENTS FOR THE 2004 QUALITY ASSURANCE PLANS

- Second Party Reviews – Select Food Stamp cases that have just opened or gone through a re-determination, and focus on the most error prone elements – i.e., wage and salary, high benefit amount, and household composition. (The Automated Case Directory will be a useful tool for selecting cases for review.)
- Review Flexibility – Continue to review the equivalent of two cases, per worker, per month. A goal greater than this is encouraged. The agency has flexibility in terms of how to meet this standard. For example, if an agency has four workers the standard is eight reviews per month. It is not necessary to include all workers in the sample each month. For example, the review could focus on new workers, or workers with a complex caseload.
- Medicaid-only Reviews – Include at least one Medicaid only case per month and focus on the most error prone elements – i.e., income, residency and household composition.
- Customer Service Section – Incorporate a written Customer Service section into the QAP. It is recommended that this section reflect the agency's plans to measure customer service. Suggested components could include mechanisms to assess:
 - ✓ Timely handling of applications – Testing all clients for priority/expedited services.
 - ✓ Timely deadlines for scheduling interviews for customers – To assure that the 7/30 day eligibility decision is made.
 - ✓ Actively assisting customers in securing the necessary eligibility determination information to enable timely processing of benefits.
 - ✓ A cooperative working relationship among and between partner agencies (i.e., advocacy groups, social workers, Agency on Aging, etc.)
 - ✓ Surveys of customers to determine their level of satisfaction.

Please submit the 2004 QAP by February 27, 2004, to the Assistant Area Administrator in your Region for review and approval. This can be a softcopy sent via email.

We will continue to work with the Income Maintenance Advisory Committee Quality Assurance Subcommittee to improve these processes, including discussion of interest in a state-created report to identify cases for review and a single statewide review form. DHFS will routinely

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monitor these requirements during the MER and may also conduct customer service satisfaction surveys as part of special projects. if you have questions or concerns about this process, please contact Marilyn Rudd by phone, at (608) 261-8383 or by email at marilyn.rudd@dhfs.state.wi.us.

REGIONAL OFFICE CONTACT: DHFS Area Administrators

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